

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

STATE OF TEXAS, ET AL.;

Plaintiffs,

v.

Case No. 1:18-cv-00068

UNITED STATES OF AMERICA, ET AL.;

Defendants,

and

KARLA PEREZ, ET AL.;

STATE OF NEW JERSEY,

Defendants-Intervenors.

DECLARATION OF SUSAN BRICKER

1. My name is Susan Bricker. I am an adult and competent to testify. The information and opinions contained in this declaration are based upon my personal knowledge, my review of the relevant documents, and my knowledge, skills, training, and experience.

2. I am currently the manager (Manager V) of the Health Program Outcomes and Epidemiology Team ("HPOE") within the Office of Data, Analytics and Performance ("DAP") (the office formerly known as the Center for Analytics and

App. 655

Decision Support -CADS) at the Texas Health and Human Services Commission (“HHSC”).

3. Except for a brief eight-month period in 2014 when I worked in the private sector, I’ve been employed at HHSC since 2007. In that time, I have worked as an Epidemiologist II (2007-2012), Research Specialist V (2012-Jan. 2014), a Research Specialist V (Sept. 2014-Apr. 2018), a Program Specialist VII (May 2018-May 2021), and Manager V (June 2021-current). The HPOE Team conducts and/or coordinates legislative and HHS-directed research on health care utilization, demographic trends, and enrollment patterns for the state’s health care and human service programs.

4. In 2007, as part of the 2008-2009 General Appropriations Act, the Texas Legislature required HHSC to report the cost of services and benefits provided by HHSC to undocumented immigrants in the State of Texas. This report, also known as the Rider 59 Report, was first completed by HHSC in 2008. Due to numerous requests for more recent information following the issuance of the 2008 report, the Rider 59 Report was updated in 2010, 2013, 2014, 2017, and 2021. The Rider 59 Report completed in 2021 covered state fiscal year (SFY) 2019.

5. HHSC provides three principal categories of services and benefits to undocumented immigrants in Texas: (i) Texas Emergency Medicaid; (ii) the Texas Family Violence Program (FVP); and (iii) Texas Children’s Health Insurance Program (CHIP) Perinatal Coverage (a/k/a “CHIP Perinate”). Undocumented

immigrants also receive uncompensated medical care from public hospitals in the State.

6. In September 2022, HHSC updated the methodology for calculating the fraction of the Texas' Medicaid Type Program 30 (Emergency Medicaid) clients and CHIP Perinate clients that are likely to be undocumented immigrants. The newer methodology, described in paragraphs 7 and 9, provides the lower and upper bound for the estimated cost of services provided to undocumented immigrants. These estimates are calculated for calendar years (CY) 2019 through 2022. Due to the change in methodology and the shift from state fiscal year to calendar year, the current estimates will not match the estimates provided in previous testimony.

7. Emergency Medicaid is a federally required program jointly funded by the federal government and the states. The program provides Medicaid coverage, limited to emergency medical conditions including childbirth and labor, to undocumented immigrants living in the United States. Because HHSC Medicaid claims data do not conclusively identify an individual's residency status, the portion of Emergency Medicaid payments attributable to undocumented immigrants must be estimated. As in previous years, the U.S. Census Bureau's American Community Survey (ACS) is used to estimate the percentage of non-U.S. citizen reproductive-age females in Texas who have not attained some form of legal permanent resident status. Attached as Exhibit 1 is a document that explains the methodology HHSC utilized to obtain estimates derived from the Census. It is the same methodology previously relied upon by HHSC for the Rider 59 Report and, in the current report, is used to

calculate the lower bound estimate for the fraction of Emergency Medicaid services provided to undocumented immigrants. The upper bound estimate for the fraction of Emergency Medicaid services provided to undocumented immigrants uses enrollment data collected by the Texas Integrated Eligibility Redesign System (TIERS). It is based on the percentage of Emergency Medicaid clients with 'UN' (for "undocumented") alien status among individuals that did not have a null/blank value for their Alien Type Code in TIERS. The total estimated cost to the State for the provision of Emergency Medicaid services to undocumented immigrants residing in Texas was between \$78 and \$116 million in CY 2019; between \$58.5 and \$88.3 million in CY 2020; between \$61.3 and \$9.6 million in CY 2021; and between \$44.9 and \$72.2 million in CY 2022.¹ Attached as Exhibit 2 is a report providing detailed information and data sources for these calculations.

8. The Family Violence Program contracts with non-profit agencies across the State to provide essential services to family violence victims, including undocumented immigrants, in three categories: shelter centers, non-residential centers, and Special Nonresidential Projects. Because the FVP does not ask individuals about their residency status, the portion of the FVP's expenditures attributable to undocumented immigrants must be estimated. Attached as Exhibit 1 is a document that explains the methodology HHSC utilized to obtain the estimates provided in this declaration. It is the same methodology relied upon by HHSC for

¹ Administrative claims and MCO encounter data for CY 2022 were downloaded on January 11, 2023. Claims and encounter data are subject to an 8-month time lag for claims adjudication. Therefore, expenditures shown for client services in CY 2022 do not reflect complete expenditure data for the year.

preparing internal estimates and for preparation of the Rider 59 Report. The total estimated cost to the State for the provision of direct FVP services to undocumented immigrants residing in Texas was \$1.2 million in SFY 2007, \$1.3 million in SFY 2009, \$1.3 million in SFY 2011, \$1.4 million in SFY 2013, \$1.0 million in SFY 2015, \$1.2 million in SFY 2017, and \$1.0 million in SFY 2019. New estimates have been calculated for CY 2019 through 2022. The estimated costs for the provision of direct FVP services to undocumented immigrants residing in Texas was \$1.1 million in CY 2019, \$1.4 million in CY 2020, \$1.6 million in CY 2021, and \$1.9 million in CY 2022.

9. Texas CHIP Perinatal Coverage provides prenatal care to certain low-income women who do not otherwise qualify for Medicaid. There is no way to definitively report the number of undocumented immigrants served by CHIP Perinatal Coverage because the program does not require citizenship documentation. As mentioned in paragraph 6, HHSC revised the methodology to include a lower and upper bound for the estimated number of undocumented immigrants served by CHIP Perinate. Attached as Exhibit 1 is a document that explains the methodology HHSC utilized to obtain the lower bound for estimates provided in this declaration. It is the same methodology previously relied upon by HHSC for preparing internal estimates and for preparation of Rider 59 Reports. The upper bound estimate for the cost of benefits provided to undocumented immigrants is based on the percentage of CHIP Perinate clients with 'UN' alien status among individuals that did not have a null/blank value for their Alien Type Code in TIERS. The total estimated cost to the State for CHIP Perinatal Coverage to undocumented immigrants residing in Texas

was between \$7.6 million and \$11.1 million in CY 2019; between \$11 million and \$16.9 million in CY2020; between \$17 million and \$25.8 million in CY 2021; and between \$19.7 million and \$30.9 million in CY2022. Attached as Exhibit 2 is a report providing detailed information and data sources for these calculations.

10. In the 2008 and 2010 versions of the Rider 59 Report, HHSC also provided estimates of the amount of uncompensated medical care provided by state public hospital district facilities to undocumented immigrants. In these reports, HHSC estimated that the State's public hospital district facilities incurred approximately \$596.8 million in uncompensated care for undocumented immigrants in SFY 2006 and \$716.8 million in SFY 2008. HHSC has not provided any estimates of uncompensated care for undocumented immigrants in more recent versions of the Rider 59 Report.

11. For Emergency Medicaid and CHIP Perinate, the total estimated cost to the State each year is affected by both the volume and cost of services provided and annual changes in the percentage of expenditures matched by the federal government (i.e., Federal Medical Assistance Percentage (FMAP) and Enhanced Federal Medical Assistance Percentage (E-FMAP)), which determines the state share of overall Medicaid and CHIP expenditures. Although all of these numbers are estimated costs for the respective programs, it is a certainty that each of these programs has some positive cost to the State of Texas due to utilization by undocumented immigrants.

12. All of the facts and information contained within this declaration are within my personal knowledge and are true and correct.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on this 18th day of January 2023.

A handwritten signature in black ink, appearing to read "S. Bricker", is written over a horizontal line.

SUSAN BRICKER

Declaration of Susan Bricker

Exhibit 1

Appendix B: Estimating the Percent of Undocumented Clients

App. 662

EXHIBIT B

Appendix B: Estimating the Percent of Undocumented Clients

Previous Undocumented Immigrant Estimates

Previously, HHSC relied on different methods to estimate the percent of non-U.S. citizens in Texas who are undocumented. The first method consisted of assuming that one-half of the estimated non-U.S. citizen population in the state was undocumented. Under this method, HHSC would obtain the estimate for total number of non-U.S. citizens in the state, as reported from the U.S. Census Bureau's American Community Survey (ACS)¹, and would divide that number by two in order to obtain an estimate of the undocumented population in the state.

More recently HHSC relied on a method that uses two different sources of official federal government data to develop its own in-house estimates of the percent of Texas residents that are undocumented immigrants:

- The Texas-specific sample of the U.S. Census Bureau's American Community Survey (ACS), and
- The Office of Immigration Statistics of the U.S. Department of Homeland Security (DHS).

The ACS was the source for estimates of the total non-U.S. citizen population in the state while DHS was the source for the estimated number of persons in the state who are undocumented.

Using these two sources, HHSC estimated the percent of non-U.S. citizens who are undocumented by taking DHS' estimate of the number of undocumented immigrants in Texas (the numerator) and dividing it by the ACS estimate for the number of non-U.S. citizens in the state (the denominator). This calculation resulted in HHSC's estimate of the proportion/percent of non-U.S. citizens in the state who are undocumented.

¹ The ACS is a large-scale demographic survey that provides annual estimates of the total population in Texas according to U.S. citizen status (citizen versus non-citizen). However, the estimate for the non-U.S. citizen population is not broken down any further according to documented/undocumented status because that type of information is not collected by the survey.

According to this method, during 2008-2014, an estimated two-thirds (62 to 66%) of non-citizens were considered undocumented on any given year within that period.

DHS temporarily suspended the publication of its estimates for the unauthorized/undocumented population after March 2013, when it published estimates for this population as of January 2012. It resumed publication of the estimates on April 19, 2021, when it released previously unpublished estimates for the years 2013-2018. The new updates may be used to develop future versions of this report.

With the temporary suspension of DHS's estimates after March 2013, HHSC lost the official information source relied upon for data on the number of non-citizens who are undocumented, as none of the other Federal and Texas state agencies collected and published information about the legal status of non-U.S. citizens' residing in the state of Texas.

This situation resulted in the need to develop an alternative method for estimating the number and percent of non-U.S. citizens using HHSC services who are undocumented. The goal was to develop a method that does not rely on the simple assumptions previously used (that one-half of non-citizens are undocumented). The alternative method is explained below.

Method for Current Estimates

Benchmark Program: Texas' Medicaid Type Program 30

Texas' Medicaid Type Program 30 (TP 30) plays an important role in paying for emergency medical services provided to non-U.S. citizens who do not meet the eligibility criteria for Medicaid. Given the high-profile role the program plays in compensating health care providers for services provided to non-eligible non-citizens, it was chosen as the benchmark program for developing an estimate of the percent of non-citizens provided HHSC services who are undocumented.

To a very significant degree, uninsured non-citizen reproductive-age (ages 15-44) females are the main caseload driver within TP 30. In SFY 2017, reproductive-age females accounted for 81% of the clients served. Given the highly disproportionate impact this group has on the program, it is by far the most important one to analyze to obtain the best and most accurate estimate possible of the percent of clients served under this program that are likely to be undocumented non-citizens.

Data Analysis and Estimate

According to the U.S. Census Bureau's American Community Survey (ACS), in 2016 there were approximately 446,000 uninsured non-U.S. citizen reproductive-age females in Texas. Of those, 39 percent (176,000) had resided in the U.S. for 10 years or less and 61 percent (270,000) for more than 10 years.

It is reasonable to expect that the longer a non-citizen has resided in the U.S., the more likely he/she would have been able to attain some form of U.S. legal permanent resident status.

Assuming that the fraction of non-citizen reproductive-age females (ages 15-44) who have not attained some form of legal permanent resident status is 7 of every 10 (70%) among those who have lived in the U.S. 10 years or less, and 4 of every 10 (40%) among those in the U.S. for more than 10 years, the estimated potential percentage for undocumented females of reproductive age in Texas is 52%.

Calculation for Estimated Percent Undocumented

$$((0.7*176,000 + 0.4*270,000) / (446,000)) * 100 = 51.8\% \sim 52\%$$

Extending these assumptions derived from the ACS data to non-citizen reproductive-age females that received assistance under TP 30 – for whom year of entry into the U.S. information is not known -- it is then estimated that 52% of them are likely to be undocumented.

Taking into consideration that uninsured, non-citizen reproductive-age females represent a highly disproportionate share of the program's caseload, the estimated potential percentage for undocumented clients applicable to them, slightly adjusted downwards to 50%, is also applied to the entire TP 30 program. Due to the lack of sufficient demographic data on populations at-risk for other programs of interest, the same percentage was also applied to the Family Violence and CHIP-P programs for the purposes of the analysis in this report.

Declaration of Susan Bricker

Exhibit 2

Health and Human Services Commission Services and Benefits Provided to
Undocumented Immigrants

App. 666

EXHIBIT B

Health and Human Services Commission Services and Benefits Provided to Undocumented Immigrants

	CY 2019	CY 2020	CY 2021	CY 2022
(1) Texas Emergency Medicaid				
Lower Estimate	\$78,000,000	\$58,500,000	\$61,300,000	\$44,900,000*
Upper Estimate	\$116,000,000	\$88,300,000	\$95,600,000	\$72,200,000*
(2) Texas Family Violence Program (FVP)	\$1,100,000	\$1,400,000	\$1,600,000	\$1,900,000
(3) Texas Children's Health Insurance Program (CHIP) Perinatal Coverage				
Lower Estimate	\$7,600,000	\$11,000,000	\$17,000,000	\$19,700,000
Upper Estimate	\$11,100,000	\$16,900,000	\$25,800,000	\$30,900,000
TOTAL TEXAS HEALTH AND HUMAN SERVICES COMMISSION				
Lower Estimate	\$86,700,000	\$70,900,000	\$79,900,000	\$66,500,000
Upper Estimate	\$128,200,000	\$106,600,000	\$123,000,000	\$105,000,000

Notes:

*Administrative claims and MCO encounter data were downloaded on January 11, 2023. Claims and encounter data are subject to an 8-month time lag for claims adjudication. Therefore, expenditures shown for client services in CY 2022 do not reflect complete expenditure data for the year.

Texas Emergency Medicaid Expenditures, Type Program 30, Calendar Years 2019 - 2022

Client Service ¹	CY 2019	CY 2020	CY 2021	CY 2022 [*]
Inpatient hospital	\$330,920,650	\$317,411,166	\$340,355,399	\$229,137,501
Outpatient hospital	\$24,240,002	\$20,021,218	\$21,920,429	\$16,423,357
Professional and other services	\$23,975,315	\$20,204,430	\$17,634,540	\$12,325,562
Vendor drug	\$272,418	\$115,664	\$54,879	\$26,752
Total	\$379,408,384	\$357,752,477	\$379,965,247	\$257,913,172

Texas' Share of TP 30 Expenditures	CY 2019	CY 2020	CY 2021	CY 2022 [*]
Texas' Share based on Federal Medical Assistance Percentage (FMAP) ²	41.14%	32.68%	32.24%	34.78%
Texas' Share of TP 30 Expenditures (row 7 x row 10)	\$156,088,609	\$116,913,510	\$122,500,796	\$89,702,201

Estimated Percentage of TP30 Services Provided to Undocumented Immigrants	CY 2019	CY 2020	CY 2021	CY 2022 [*]
Census estimate ³	50%	50%	50%	50%
TIERS estimate ⁴	74.3%	75.5%	78.0%	80.5%

Estimated Cost of Services Provided to Undocumented Immigrants	CY 2019	CY 2020	CY 2021	CY 2022 [*]
Lower Bound (row 11 x row 14)	\$78,044,305	\$58,456,755	\$61,250,398	\$44,851,101
Upper Bound (row 11 x row 15)	\$115,973,837	\$88,269,700	\$95,550,621	\$72,210,272

Data Sources:¹ TMHP, AHQP Medicaid Claims² FFY 2019 rates are final as stated in Federal Register Vol. 82, No. 223, November 21, 2017.

FFY 2020 rates are final as stated in Federal Register Vol. 83, No. 229, November 28, 2018.

FFY 2021 rates are final as stated in Federal Register Vol. 84, No. 232, December 3, 2019.

FFY 2022 rates are final as stated in Federal Register Vol. 85, No. 230, November 30, 2020.

³ U.S. Census, 2020 American Community Survey, Texas-specific sample⁴ Texas Integrated Eligibility Redesign System (TIERS)Notes:

Because HHSC Medicaid claims data do not conclusively identify the legal residency status of immigrants, the portion of Emergency Medicaid payments attributable to undocumented immigrants must be estimated. Two estimates have been provided to approximate upper and lower bounds of costs provided to undocumented immigrants:

Lower bound: According to the U.S. Census Bureau's American Community Survey (ACS) for Texas, approximately 2,743,000 non-citizens resided in Texas in 2020. HHSC's Office of Data, Analytics, and Performance (DAP) estimates that no less than 50% of these residents, or no less than 1,372,000 were undocumented.

Upper bound: based on enrollment the percentage of Emergency Medicaid clients with 'UN' alien status, among individuals that did not have a null/blank value for their Alien Type Code in TIERS

*Administrative claims and MCO encounter data were downloaded on January 11, 2023. Claims and encounter data are subject to an 8-month time lag for claims adjudication. Therefore, expenditures shown for client services in CY 2022 do not reflect complete expenditure data for the year.

Texas Family Violence Program Expenditures, Calendar Years 2019 - 2022

FVP Date of Service	Expenditures*	Percent of Texas Residents who were undocumented	Estimated Costs for Direct FVP Services to Undocumented Immigrants**
1/1/2019 – 12/31/2019	\$23,700,539	4.7%	\$1,113,925
1/1/2020 – 12/31/2020	\$30,590,825	4.7%	\$1,437,769
1/1/2021 – 12/31/2021	\$33,213,070	4.7%	\$1,561,014
1/1/2022 – 12/31/2022	\$40,463,500	4.7%	\$1,901,784

Data Source: CAPPS Financials, 1/12/2023

Notes:

* Represents all funds for the Family Violence Program (appropriated and supplemental).

** The FVP does not screen family violence clients for residency status data. Therefore, the portion of FVP expenditures attributable to undocumented immigrants must be estimated. According to the U.S. Census Bureau's American Community Survey (ACS) for Texas, approximately 29,354,000 individuals resided in Texas in 2020. HHSC's Office of Data, Analytics, and Performance (DAP) estimates that in 2020 no less than 1,372,000 or 4.7 percent of these residents were undocumented.

Texas Children's Health Insurance Program (CHIP) Perinatal Coverage Expenditures, Calendar Years 2019 - 2022

	CY 2019	CY 2020	CY 2021	CY 2022
Texas CHIP Perinatal Coverage expenditures ¹	\$175,103,677	\$154,717,301	\$150,341,871	\$161,628,934

Texas' Share of CHIP Expenditures	CY 2019	CY 2020	CY 2021	CY 2022
Texas' Share based on Enhanced Federal Medical Assistance Percentage (EFMAP) ²	8.67%	14.25%	22.57%	24.35%
Texas' Share of CHIP-Perinate Expenditures (row 3 x row 6)	\$15,181,489	\$22,047,215	\$33,932,160	\$39,356,645

Estimated Percentage of CHIP-Perinate Services Provided to Undocumented Immigrants	CY 2019	CY 2020	CY 2021	CY 2022
Census estimate ³	50%	50%	50%	50%
TIERS estimate ⁴	73.3%	76.6%	76.1%	78.4%

Estimated Cost of Services Provided to Undocumented Immigrants	CY 2019	CY 2020	CY 2021	CY 2022
Total (row 7 x row 10)	\$7,590,744	\$11,023,608	\$16,966,080	\$19,678,323
Total (row 7 x row 11)	\$11,128,031	\$16,888,167	\$25,822,374	\$30,855,610

Data Sources:¹ HHSC, DAP SQL Server, CHIP_hx file² FFY 2019 rates are final as stated in Federal Register Vol. 82, No. 223, November 21, 2017.

FFY 2020 rates are final as stated in Federal Register Vol. 83, No. 229, November 28, 2018.

FFY 2021 rates are final as stated in Federal Register Vol. 84, No. 232, December 3, 2019.

FFY 2022 rates are final as stated in Federal Register Vol. 85, No. 230, November 30, 2020.

³ U.S. Census, 2020 American Community Survey, Texas-specific sample⁴ Texas Integrated Eligibility Redesign System (TIERS)Notes:

Because HHSC Medicaid claims data do not conclusively identify the legal residency status of immigrants, the portion of Emergency Medicaid payments attributable to undocumented immigrants must be estimated. Two estimates have been provided to approximate upper and lower bounds of costs provided to undocumented immigrants:

Lower bound: According to the U.S. Census Bureau's American Community Survey (ACS) for Texas, approximately 2,743,000 non-citizens resided in Texas in 2020. HHSC's Office of Data, Analytics, and Performance (DAP) estimates that no less than 50% of these residents, or no less than 1,372,000 were undocumented.

Upper bound: based on the percentage of CHIP-Perinate clients with 'UN' alien status, among individuals that did not have a null/blank value for their Alien Type Code in TIERS

TEXAS MEDICAID PERCENTAGE MATCH
As of March 2022

	State Fiscal Year (Sept – Aug)				Federal Fiscal Year (Oct – Sept)				Calendar Year (Jan – Dec)			
	State Share		Federal Share		State Share		Federal Share		State Share		Federal Share	
	FMAP	EFMAP	FMAP	EFMAP	FMAP	EFMAP	FMAP	EFMAP	FMAP	EFMAP	FMAP	EFMAP
2004	39.80%	27.86%	60.20%	72.14%	39.78%	27.85%	60.22%	72.15%	39.62%	27.74%	60.38%	72.26%
2005	39.18%	27.43%	60.82%	72.57%	39.13%	27.39%	60.87%	72.61%	39.18%	27.43%	60.82%	72.57%
2006	39.32%	27.53%	60.68%	72.47%	39.34%	27.54%	60.66%	72.46%	39.31%	27.52%	60.69%	72.48%
2007	39.23%	27.46%	60.77%	72.54%	39.22%	27.45%	60.78%	72.55%	39.28%	27.49%	60.72%	72.51%
2008	39.42%	27.60%	60.58%	72.40%	39.44%	27.61%	60.56%	72.39%	39.72%	27.81%	60.28%	72.19%
2009 ^a	40.47%	28.32%	59.53%	71.68%	40.56%	28.39%	59.44%	71.61%	40.74%	28.52%	59.26%	71.48%
2010 ^a	41.21%	28.85%	58.79%	71.15%	41.27%	28.89%	58.73%	71.11%	40.81%	28.57%	59.19%	71.43%
2011 ^a	39.59%	27.72%	60.41%	72.28%	39.44%	27.61%	60.56%	72.39%	40.03%	28.02%	59.97%	71.98%
2012	41.58%	29.11%	58.42%	70.89%	41.78%	29.25%	58.22%	70.75%	41.51%	29.06%	58.49%	70.94%
2013	40.79%	28.55%	59.21%	71.45%	40.70%	28.49%	59.30%	71.51%	40.85%	28.60%	59.15%	71.40%
2014	41.26%	28.88%	58.74%	71.12%	41.31%	28.92%	58.69%	71.08%	41.47%	29.03%	58.53%	70.97%
2015	41.90%	29.32%	58.10%	70.68%	41.95%	29.36%	58.05%	70.64%	42.18%	29.52%	57.82%	70.48%
2016 ^a	42.79%	29.96%	57.21%	70.04%	42.87%	30.01%	57.13%	69.99%	43.11%	30.18%	56.89%	69.82%
2017 ^a	43.74%	30.61%	56.26%	69.39%	43.82%	30.67%	56.18%	69.33%	43.65%	30.55%	56.35%	69.45%
2018 ^a	43.18%	30.22%	56.82%	69.78%	43.12%	30.18%	56.88%	69.82%	42.79%	29.95%	57.21%	70.05%
2019 ^a	41.92%	29.35%	58.08%	70.65%	41.81%	29.27%	58.19%	70.73%	41.14%	28.80%	58.86%	71.20%
2020 ^a	39.33%	27.54%	60.67%	72.46%	39.11%	27.38%	60.89%	72.62%	38.88%	27.22%	61.12%	72.78%
2020 Stimulus ^{a,1}	32.91%	23.04%	67.09%	76.96%	32.91%	23.04%	67.09%	76.96%	32.68%	22.88%	67.32%	77.12%
2020 Blended ^{a,2}	35.20%	24.64%	64.80%	75.36%	34.46%	24.12%	65.54%	75.88%	32.68%	22.88%	67.32%	77.12%
2021 ^a	38.27%	26.78%	61.73%	73.22%	38.19%	26.73%	61.81%	73.27%	38.44%	26.91%	61.56%	73.09%
2021 Stimulus ^a	32.07%	22.45%	67.93%	77.55%	31.99%	22.39%	68.01%	77.61%	32.24%	22.57%	67.76%	77.43%
2021 Blended ^a	32.07%	22.45%	67.93%	77.55%	31.99%	22.39%	68.01%	77.61%	32.24%	22.57%	67.76%	77.43%
2022 ^a	39.12%	27.38%	60.88%	72.62%	39.20%	27.44%	60.80%	72.56%	39.43%	27.60%	60.57%	72.40%
2022 Stimulus ^a	32.92%	23.04%	67.08%	76.96%	33.00%	23.10%	67.00%	76.90%	34.78%	24.35%	65.22%	75.65%
2022 Blended ^a	32.92%	23.04%	67.08%	76.96%	33.00%	23.10%	67.00%	76.90%	34.78%	24.35%	65.22%	75.65%
2023 ^a	40.05%	28.04%	59.95%	71.96%	40.13%	28.09%	59.87%	71.91%	40.15%	28.11%	59.85%	71.89%
2023 Stimulus ^a	33.85%	23.70%	66.15%	76.30%	33.93%	23.75%	66.07%	76.25%	35.50%	24.85%	64.50%	75.15%
2023 Blended ^a	37.99%	26.59%	62.01%	73.41%	38.58%	27.01%	61.42%	72.99%	38.99%	27.30%	61.01%	72.70%
2024	40.21%	28.14%	59.79%	71.86%	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%
2025	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%
2026	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%
2027	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%
2028	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%	40.22%	28.15%	59.78%	71.85%

^a Non-stimulus FMAPs are shown in columns C-P. For the period of October 2008-June 2011, stimulus FMAPs were in effect. See columns R-U for the stimulus match rates.

¹ Standard EFMAPs are shown in columns C-P. Per FFIS Budget Brief 18-03 (January 24, 2018), for the period of October 2015-September 2019, CHP programs and expenditures funded with Title XXI will be eligible for a +23 percentage point enhancement for October 2019-September 2020 for an +11.5 percentage point enhancement, and beginning October 2020 will receive no enhancement. See columns W-Z.

² Stimulus FMAP increase of 6.2% is assumed for the period January 2020 - December 2022. "2020 Stimulus" (row 24), "2021 Stimulus" (row 27), "2022 Stimulus" (row 30), and "2023 Stimulus" (row 33) FMAPs represent the stimulus period only. "2020 Blended" (row 25), "2021 Blended" (row 28), "2022 Blended" (row 31), and "2023 Blended" (row 34) FMAPs represent their respective full fiscal or calendar year.

FFY 2010 rates are final, as stated in Federal Register Vol. 73, No. 229, November 26, 2008.

FFY 2011 non-stimulus rates are final as stated in FFIS Issue Brief 09-38, October 21, 2009.

FFY 2012 rates are final as stated in Federal Register Vol. 75, No. 217, November 10, 2010.

FFY 2013 rates are final as stated in Federal Register Vol. 76, No. 230, November 30, 2011.

FFY 2014 rates are final as stated in Federal Register Vol. 77, No. 231, November 30, 2012.

FFY 2015 rates are final as stated in Federal Register Vol. 79, No. 13, January 21, 2014.

FFY 2016 rates are final as stated in Federal Register Vol. 79, No. 231, December 2, 2014.

FFY 2017 rates are final as stated in Federal Register Vol. 80, No. 227, November 25, 2015.

FFY 2018 rates are final as stated in Federal Register Vol. 81, No. 220, November 15, 2016.

FFY 2019 rates are final as stated in Federal Register Vol. 82, No. 223, November 21, 2017.

FFY 2020 rates are final as stated in Federal Register Vol. 83, No. 228, November 28, 2018.

FFY 2021 rates are final as stated in Federal Register Vol. 84, No. 232, December 3, 2018.

FFY 2022 rates are final as stated in Federal Register Vol. 85, No. 230, November 30, 2020.

FFY 2023 rates are final as stated in Federal Register Vol. 86, No. 225, November 26, 2021.

TEXAS MEDICAID PERCENTAGE MATCH WITH STIMULUS/ENHANCEMENTS											
FMAP Only: Stimulus Rates				EFMAP Only: +23% Enhanced Match							
State Share		Federal Share		State Share				Federal Share			
SFY FMAP	FFY FMAP	SFY FMAP	FFY FMAP	SFY EFMAP	CY EFMAP	FFY EFMAP	SFY EFMAP	CY EFMAP	FFY EFMAP	CY EFMAP	FFY EFMAP
2004											
2005											
2006											
2007											
2008											
2009 ^a	31.74%	30.97%	68.26%								
2010 ^a	29.15%	29.06%	70.85%								
2011 ^a	32.68%	33.54%	67.33%								
2012											
2013											
2014											
2015											
2016 ^a											
2017 ^a											
2018 ^a											
2019 ^a											
2020 ^a											
2020 Stimulus ^{a,3}											
2020 Blended ^{a,3}											
2021											
2021 Stimulus ^a											
2021 Blended ^a											
2022											
2022 Stimulus ^a											
2022 Blended ^a											
2023											
2023 Stimulus ^a											
2023 Blended ^a											
2024											
2025											
2026											
2027											
2028											

State Fiscal Year stimulus rates are based on 11 months stimulus rate in SFY 2009, 12 months in SFY 2010 and 10 months in SFY 2011.

Stimulus Assumptions are Tier I Oct 2009-June 2009 (68.76%), Tier II July 2009-Sept 2009 (69.85%), Tier III Oct 2009-Dec 2010 (70.94%). A phased-down 6-month extension from Jan-Jun 2011 is included for FY 11 as stated in FFRSB 10-33 (August 17, 2010).

Expenditures in Medicaid and CHIP paid with Title XXI funds will be eligible for this match between Oct 1, 2015 - Sept 30, 2020.